U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penallies as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY SEFORE PREPARING THIS REPORT.

1. File Number U - 25	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Gary Prown	Name Chicago, Regional Council of Carpenters
	Labor Organization File Number 001-949
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, If any
Street 100 Tower Drive	Street 12 Bast Brie
City Surr (Ridge)	City Chicago
State Illinois ZIP Code + 4 60527	State Illinois ZIP Code + 4 60611
5. Position in labor organization. Rusiness Representative/Organizer Local 102-7	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A Medical interest is exceeded in transactions (including leaves) with our derived income or other exceeding benefit of	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Neture of Interest, Transaction, or Income.
Name	And the second of the second o
Trade Name. If any:	which is a second to the secon
P.O. Box. Bldg., Room No., if any	7.b. Amount
Street	
City	I would be the first of any between the control of the first of a large control of the first of a large control of the control
State Code +4	·
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Sharing Roman	
Signed Signed	
	Dale Telephone Number

Name of Person Filing Gary Brown	File Number U- 2593	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (Including trade name, if any). Name Whitfield & McGann Trade Name. if any: P.O. Box. Bldg., Room No., if any Suite 1601 Street Two North Lasalle. City Chicago	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. Is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such dealing. Received him during the Holiday Season, 12/04. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name	14.a. Nature of payment. 14.a. Nature of payment. 15. A series of payment. 16. A series of pa	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

DBrown 6/26/05